

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0440 CERTIFICATE OF DEATH

00438

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Cabnet</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Ind.</u> b. COUNTY <u>Cabnet</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Broomer Island</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Broomer Island</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>L.</u> Last <u>DOVE</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>8</u> Year <u>1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1877</u> 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Cabnet County, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Joseph Ramsey</u>		14. MOTHER'S MAIDEN NAME <u>Frances Bowen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mrs Howard Fowler - Br. Island, Ind.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis - Moderation</u> 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Chronic arterio-sclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Jan 8</u> , 19 <u>60</u> , to <u>Jan 8</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>Jan 8</u> , 19 <u>60</u> , and that death occurred at <u>M.</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>[Signature]</u> M.D.		ADDRESS (Street, city or town, state) <u>St. Thomas</u> DATE SIGNED <u>1/8/60</u>	
PHYSICIAN'S NAME (Type) <u>R. DE VILCARRENCE MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Jan. 11, 1960</u>	<u>Broomer Island Cem.</u>	<u>Br. Island - Cabnet Co - Ind.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Hackness & Son - Mutual, Ind.</u>		24a. REC'D BY REGISTRAR <u>DATE</u> <u>1 2 '60</u>	24b. REGISTRAR'S SIGNATURE <u>Arthur S. Thomas</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. OCCUPATION		7. MARITAL STATUS		8. COLOR	
9. PLACE OF DEATH		10. CAUSE OF DEATH		11. MANNER OF DEATH		12. TIME OF DEATH	
13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF REGISTRAR		15. SIGNATURE OF WITNESS		16. SIGNATURE OF DECEASED	
17. SIGNATURE OF FUNERAL HOME		18. SIGNATURE OF CHURCH		19. SIGNATURE OF FAMILY		20. SIGNATURE OF NEAREST RELATIVE	
21. SIGNATURE OF CLERGY		22. SIGNATURE OF JUDGE		23. SIGNATURE OF SHERIFF		24. SIGNATURE OF CORONER	
25. SIGNATURE OF DISTRICT ATTORNEY		26. SIGNATURE OF COUNTY CLERK		27. SIGNATURE OF CITY CLERK		28. SIGNATURE OF TOWNSHIP CLERK	
29. SIGNATURE OF VILLAGE CLERK		30. SIGNATURE OF POST OFFICE CLERK		31. SIGNATURE OF SCHOOL CLERK		32. SIGNATURE OF CHURCH CLERK	
33. SIGNATURE OF MINISTRY CLERK		34. SIGNATURE OF COURT CLERK		35. SIGNATURE OF JURY CLERK		36. SIGNATURE OF GRAND JURY CLERK	
37. SIGNATURE OF JUDGE CLERK		38. SIGNATURE OF SHERIFF CLERK		39. SIGNATURE OF CORONER CLERK		40. SIGNATURE OF DISTRICT ATTORNEY CLERK	
41. SIGNATURE OF COUNTY CLERK CLERK		42. SIGNATURE OF CITY CLERK CLERK		43. SIGNATURE OF TOWNSHIP CLERK CLERK		44. SIGNATURE OF VILLAGE CLERK CLERK	
45. SIGNATURE OF POST OFFICE CLERK CLERK		46. SIGNATURE OF SCHOOL CLERK CLERK		47. SIGNATURE OF CHURCH CLERK CLERK		48. SIGNATURE OF MINISTRY CLERK CLERK	
49. SIGNATURE OF COURT CLERK CLERK		50. SIGNATURE OF JURY CLERK CLERK		51. SIGNATURE OF GRAND JURY CLERK CLERK		52. SIGNATURE OF JUDGE CLERK CLERK	
53. SIGNATURE OF SHERIFF CLERK CLERK		54. SIGNATURE OF CORONER CLERK CLERK		55. SIGNATURE OF DISTRICT ATTORNEY CLERK CLERK		56. SIGNATURE OF COUNTY CLERK CLERK CLERK	
57. SIGNATURE OF CITY CLERK CLERK CLERK		58. SIGNATURE OF TOWNSHIP CLERK CLERK CLERK		59. SIGNATURE OF VILLAGE CLERK CLERK CLERK		60. SIGNATURE OF POST OFFICE CLERK CLERK CLERK	
61. SIGNATURE OF SCHOOL CLERK CLERK CLERK		62. SIGNATURE OF CHURCH CLERK CLERK CLERK		63. SIGNATURE OF MINISTRY CLERK CLERK CLERK		64. SIGNATURE OF COURT CLERK CLERK CLERK	
65. SIGNATURE OF JURY CLERK CLERK CLERK		66. SIGNATURE OF GRAND JURY CLERK CLERK CLERK		67. SIGNATURE OF JUDGE CLERK CLERK CLERK		68. SIGNATURE OF SHERIFF CLERK CLERK CLERK	
69. SIGNATURE OF CORONER CLERK CLERK CLERK		70. SIGNATURE OF DISTRICT ATTORNEY CLERK CLERK CLERK		71. SIGNATURE OF COUNTY CLERK CLERK CLERK CLERK		72. SIGNATURE OF CITY CLERK CLERK CLERK CLERK	
73. SIGNATURE OF TOWNSHIP CLERK CLERK CLERK CLERK		74. SIGNATURE OF VILLAGE CLERK CLERK CLERK CLERK		75. SIGNATURE OF POST OFFICE CLERK CLERK CLERK CLERK		76. SIGNATURE OF SCHOOL CLERK CLERK CLERK CLERK	
77. SIGNATURE OF CHURCH CLERK CLERK CLERK CLERK		78. SIGNATURE OF MINISTRY CLERK CLERK CLERK CLERK		79. SIGNATURE OF COURT CLERK CLERK CLERK CLERK		80. SIGNATURE OF JURY CLERK CLERK CLERK CLERK	
81. SIGNATURE OF GRAND JURY CLERK CLERK CLERK CLERK		82. SIGNATURE OF JUDGE CLERK CLERK CLERK CLERK		83. SIGNATURE OF SHERIFF CLERK CLERK CLERK CLERK		84. SIGNATURE OF CORONER CLERK CLERK CLERK CLERK	
85. SIGNATURE OF DISTRICT ATTORNEY CLERK CLERK CLERK CLERK		86. SIGNATURE OF COUNTY CLERK CLERK CLERK CLERK CLERK		87. SIGNATURE OF CITY CLERK CLERK CLERK CLERK CLERK		88. SIGNATURE OF TOWNSHIP CLERK CLERK CLERK CLERK CLERK	
89. SIGNATURE OF VILLAGE CLERK CLERK CLERK CLERK CLERK		90. SIGNATURE OF POST OFFICE CLERK CLERK CLERK CLERK CLERK		91. SIGNATURE OF SCHOOL CLERK CLERK CLERK CLERK CLERK		92. SIGNATURE OF CHURCH CLERK CLERK CLERK CLERK CLERK	
93. SIGNATURE OF MINISTRY CLERK CLERK CLERK CLERK CLERK		94. SIGNATURE OF COURT CLERK CLERK CLERK CLERK CLERK		95. SIGNATURE OF JURY CLERK CLERK CLERK CLERK CLERK		96. SIGNATURE OF GRAND JURY CLERK CLERK CLERK CLERK CLERK	
97. SIGNATURE OF JUDGE CLERK CLERK CLERK CLERK CLERK		98. SIGNATURE OF SHERIFF CLERK CLERK CLERK CLERK CLERK		99. SIGNATURE OF CORONER CLERK CLERK CLERK CLERK CLERK		100. SIGNATURE OF DISTRICT ATTORNEY CLERK CLERK CLERK CLERK CLERK	

0441
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert Co. Hosp.</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Nathaniel</i>		4. DATE OF DEATH <i>1-6-1960</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 6</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Calvert</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Thomas Gross</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Frost</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Jennie Gross</i>		Address <i>Dowellville, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia -</i> <i>450.0</i> DUE TO <i>Generalized arteriosclerosis -</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Generalized arteriosclerosis -</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>Jan 6 1960</i> to <i>Jan 6 1960</i> , that I lost saw the deceased alive on <i>Jan 6 1960</i> , and that death occurred at <i>8:30 P.M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>R. E. Villabreale</i> M.D.		ADDRESS (Street, city or town, state) <i>St Leonard</i> DATE SIGNED <i>1/7/60</i>	
PHYSICIAN'S NAME (Type) <i>R. E. VILLABREALE, MD</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <i>1-10-60</i>	22c. NAME OF CEMETERY OR CREMATORY <i>St. Johns</i>	22d. LOCATION (City, town, or county) (State) <i>Prince Frederick, Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell</i> ADDRESS <i>Prince Fred, Md</i>		24a. REC'D BY REGISTRAR <i>JAN 12 60</i> DATE	24b. REGISTRAR'S SIGNATURE <i>Arthur S. Hanna</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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CERTIFICATE OF DEATH

FILE THIS IN

1. NAME OF DECEASED		2. SEX		3. AGE	
4. OCCUPATION		5. MARITAL STATUS		6. PLACE OF BIRTH	
7. DATE OF DEATH		8. TIME OF DEATH		9. CAUSE OF DEATH	
10. PLACE OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF DECEASED		15. SIGNATURE OF NEXT OF KIN	
16. SIGNATURE OF CLERGYMAN		17. SIGNATURE OF FUNERAL HOME		18. SIGNATURE OF BURIAL PLACE	
19. SIGNATURE OF INTERVIEWER		20. SIGNATURE OF INTERVIEWEE		21. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
22. SIGNATURE OF INTERVIEWER'S SUPERVISOR		23. SIGNATURE OF INTERVIEWER'S SUPERVISOR		24. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
25. SIGNATURE OF INTERVIEWER'S SUPERVISOR		26. SIGNATURE OF INTERVIEWER'S SUPERVISOR		27. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
28. SIGNATURE OF INTERVIEWER'S SUPERVISOR		29. SIGNATURE OF INTERVIEWER'S SUPERVISOR		30. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
31. SIGNATURE OF INTERVIEWER'S SUPERVISOR		32. SIGNATURE OF INTERVIEWER'S SUPERVISOR		33. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
34. SIGNATURE OF INTERVIEWER'S SUPERVISOR		35. SIGNATURE OF INTERVIEWER'S SUPERVISOR		36. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
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73. SIGNATURE OF INTERVIEWER'S SUPERVISOR		74. SIGNATURE OF INTERVIEWER'S SUPERVISOR		75. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
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91. SIGNATURE OF INTERVIEWER'S SUPERVISOR		92. SIGNATURE OF INTERVIEWER'S SUPERVISOR		93. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
94. SIGNATURE OF INTERVIEWER'S SUPERVISOR		95. SIGNATURE OF INTERVIEWER'S SUPERVISOR		96. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
97. SIGNATURE OF INTERVIEWER'S SUPERVISOR		98. SIGNATURE OF INTERVIEWER'S SUPERVISOR		99. SIGNATURE OF INTERVIEWER'S SUPERVISOR	
100. SIGNATURE OF INTERVIEWER'S SUPERVISOR		101. SIGNATURE OF INTERVIEWER'S SUPERVISOR		102. SIGNATURE OF INTERVIEWER'S SUPERVISOR	

RECEIVED
MAY 14 1914
HARVARD COUNTY

RECEIVED
MAY 14 1914
HARVARD COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0442 CERTIFICATE OF DEATH

00440

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Calvert MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Calvert			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick				c. LENGTH OF STAY IN 1b X Huntingtown			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital				d. STREET ADDRESS 1		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Bessie		First Hardesty Middle Last		4. DATE OF DEATH Month January Day 14 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 4, 1879	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rueben Bowen				14. MOTHER'S MAIDEN NAME Katie Bowen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Aileen Smith, Huntingtown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Adenocarcinoma of the colon DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month 19 Day 14 Year 1960 Hour 11 a. m. p. m.		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 20, 1955 to Jan 4, 1960 , that I last saw the deceased alive on Jan 14, 1960 , and that death occurred at St Leonard , M, from the causes and on the date stated above.							
ACTUAL SIGNATURE R de Villcharreac M.D.				ADDRESS (Street, city or town, state) St Leonard		DATE SIGNED 1/15/60	
PHYSICIAN'S NAME (Type) R de Villcharreac				MARYLAND			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1-17-60		22c. NAME OF CEMETERY OR CREMATORY Emmanuel		22d. LOCATION (City, town, or county) (State) Plum Pt Md	
23. FUNERAL DIRECTOR'S SIGNATURE Hutchins Funeral Home				ADDRESS Quinn's Md		24a. REC'D BY REGISTRAR DATE JAN 18 '60	
				24b. REGISTRAR'S SIGNATURE Arthur S. Smith			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Age 100

Dec 10 1900

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

John Smith

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00441

0443

Item 4 Film G255 1-27-60 et

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Edelma</i> c. LENGTH OF STAY IN lb d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Calvert</i> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Edelma</i> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Malcolm O. Johnson</i> First Middle Last		4. DATE OF DEATH <i>January 18, 1960</i> Month Day Year	
5. SEX <i>7</i>	6. COLOR OR RACE <i>2</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 10 '57</i>
9. AGE (In years last birthday) <i>3</i> yrs.		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Business</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MD</i>	
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Leroy Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Shelva Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>527.2</i>	
17. INFORMANT <i>Leroy Johnson, Edelma MD</i> Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Disease</i> DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Has been sick all his life</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour <i>6 p.m.</i> <i>19</i>		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H.W. Wap</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <i>Dwight Wap</i>	
EXAMINER'S NAME (Type)		DATE SIGNED <i>1/19/60</i>	
22a. BURIAL CREMATION REMOVAL (Specify) <i>1-20-60</i>		22b. DATE THEREOF	
22c. NAME OF CEMETERY OR CREMATORY <i>Carroll</i>		22d. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P.E. Sawell, Prince Frederick</i>		ADDRESS	
24a. REC'D BY REGISTRAR <i>JAN 25 '60</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur L. Hanna</i>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00442

0444

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabnet</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ind</u> b. COUNTY <u>Cabnet</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Solomons</u>	
c. LENGTH OF STAY IN 1b <u>3 day</u>		d. STREET ADDRESS <u>1</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MARGARET M. LANGLEY</u>		4. DATE OF DEATH <u>Jan. 12, 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 13, 1910</u>
9. AGE (In years last birthday) <u>49</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Marys Co, Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Morgan</u>		14. MOTHER'S MAIDEN NAME <u>Jeannette Brich</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs Cecilia M. Koslofsky - Solomons, Ind</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cath. Hemorrhage - (arterial)</u> <u>581.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cirrhosis of liver</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Short</u> INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Jan 10, 1960</u> to <u>Jan 12, 1960</u> , that I last saw the deceased alive on <u>Jan 12, 1960</u> and that death occurred at <u>6:42</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>R. DeVillars</u>		ADDRESS (Street, city or town, state) <u>St. Thomas</u> DATE SIGNED <u>1/12/60</u>	
PHYSICIAN'S NAME (Type) <u>R. DEVILLARS</u>		M.D. <u>MARYCAN</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Jan. 15, 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Solomons Catholic Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Solomons - Cabnet Co - Ind.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Harkness & Son - Mutual, Ind.</u>		ADDRESS	
24a. REC'D BY REGISTRAR DATE <u>JAN 14 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Hanna</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

ENCLOSURE

<p>1. Name of deceased: <u>John Doe</u></p>		<p>2. Sex: <u>Male</u></p>	
<p>3. Age: <u>45</u></p>		<p>4. Date of birth: <u>Jan 15, 1900</u></p>	
<p>5. Place of birth: <u>St. Louis, Mo.</u></p>		<p>6. Date of death: <u>Dec 10, 1945</u></p>	
<p>7. Cause of death: <u>Heart disease</u></p>		<p>8. Place of death: <u>Home</u></p>	
<p>9. Signature of physician: <u>Dr. J. H. Smith</u></p>		<p>10. Signature of registrar: <u>John Doe</u></p>	
<p>11. Date of filing: <u>Dec 15, 1945</u></p>		<p>12. Office of registration: <u>Baltimore</u></p>	

0445 CERTIFICATE OF DEATH

00443

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ind</u> b. COUNTY <u>Cabot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Broomer Island</u>				c. LENGTH OF STAY IN 1b <u>Life</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>—</u>				d. STREET ADDRESS <u>—</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY M. MISTER</u>				4. DATE OF DEATH Month Day Year <u>Jan. 22, 1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 26, 1878</u>	9. AGE (In years last birthday) <u>81</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Mary's Co., Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Norris Suit</u>				14. MOTHER'S MAIDEN NAME <u>Rose Williams</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Luther Mister - Br. Island, Ind.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure - Hypertension</u> <u>450.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Heart - Generalized Sclerosis</u> DUE TO (c) <u>—</u>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Jan 1, 1960</u> to <u>Jan 22, 1960</u> , that I last saw the deceased alive on <u>1/23, 1960</u> , and that death occurred at <u>—</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>R. de Villarreal</u> M.D.				ADDRESS (Street, city or town, state) <u>St. Leonards, Md.</u> DATE SIGNED <u>1/23/60</u>			
PHYSICIAN'S NAME (Type) <u>R. de VILLARREAL</u>				ST. LEONARDS, MD.			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Jan. 25, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Br. Island Cemetery, Broomer Island - Ind.</u>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Harkness & Son - Mutual, Ind.</u> ADDRESS <u>—</u>				24a. REC'D BY REGISTRAR DATE <u>JAN 26 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Hanna</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

...and it is difficult to find a single source of information on the subject of the ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0446

CERTIFICATE OF DEATH

00444

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick c. LENGTH OF STAY IN 1b St. Leonard d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonard d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Moody Middle L. Last SMITH				4. DATE OF DEATH Month January Day 20 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 10, 1890	
9. AGE (In years less birthday) yrs. 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Amos Smith		14. MOTHER'S MAIDEN NAME Mandy Tucker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Rosie E. Smith - St. Leonard, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) HYPERTENSION DUE TO (c) DIABETES MELLITUS INTERVAL BETWEEN ONSET AND DEATH 2 days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 4/17 1960 , to 4/20 1960 , that I last saw the deceased alive on 4/18 1960 , and that death occurred at 1:15 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Prince Frederick DATE SIGNED PRINCE FREDERICK							
ACTUAL SIGNATURE Page C. Jett		M.D. PRINCE FREDERICK		PHYSICIAN'S NAME (Type) Page C. Jett			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 23, 1960		22c. NAME OF CEMETERY OR CREMATORY Watson Memorial		22d. LOCATION (City, town, or county) (State) do. Calvert Co. - Md.	
23. FUNERAL DIRECTOR'S SIGNATURE A. B. Hackman Son - Mutual, Md.				24a. REC'D BY REGISTRAR DATE JAN 25 '60		24b. REGISTRAR'S SIGNATURE Charles L. Hume	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

0011

REV. 10-1-70

1. NAME OF DECEASED JAMES EARL RAY		2. SEX Male		3. AGE 35	
4. DATE OF DEATH April 4, 1968		5. TIME OF DEATH 2:01 PM		6. PLACE OF DEATH Room 308, LBJ Library, Washington, D.C.	
7. CAUSE OF DEATH Suicide by gunshot		8. MANNER OF DEATH Homicide		9. PLACE OF BIRTH Jackson, Mississippi	
10. OCCUPATION Member of Congress		11. EDUCATION Bachelor's Degree		12. MARITAL STATUS Single	
13. RELIGION Methodist		14. RACE White		15. ETHNIC ORIGIN American	
16. SIGNATURE OF REGISTRAR [Signature]		17. SIGNATURE OF DECEASED [Signature]		18. SIGNATURE OF WITNESS [Signature]	
19. SIGNATURE OF PHYSICIAN [Signature]		20. SIGNATURE OF MORTUARY [Signature]		21. SIGNATURE OF FUNERAL HOME [Signature]	
22. SIGNATURE OF CLERGY [Signature]		23. SIGNATURE OF BURIAL [Signature]		24. SIGNATURE OF CREMATION [Signature]	
25. SIGNATURE OF INTERMENT [Signature]		26. SIGNATURE OF REINTERMENT [Signature]		27. SIGNATURE OF REINTERMENT [Signature]	
28. SIGNATURE OF REINTERMENT [Signature]		29. SIGNATURE OF REINTERMENT [Signature]		30. SIGNATURE OF REINTERMENT [Signature]	
31. SIGNATURE OF REINTERMENT [Signature]		32. SIGNATURE OF REINTERMENT [Signature]		33. SIGNATURE OF REINTERMENT [Signature]	
34. SIGNATURE OF REINTERMENT [Signature]		35. SIGNATURE OF REINTERMENT [Signature]		36. SIGNATURE OF REINTERMENT [Signature]	
37. SIGNATURE OF REINTERMENT [Signature]		38. SIGNATURE OF REINTERMENT [Signature]		39. SIGNATURE OF REINTERMENT [Signature]	
40. SIGNATURE OF REINTERMENT [Signature]		41. SIGNATURE OF REINTERMENT [Signature]		42. SIGNATURE OF REINTERMENT [Signature]	
43. SIGNATURE OF REINTERMENT [Signature]		44. SIGNATURE OF REINTERMENT [Signature]		45. SIGNATURE OF REINTERMENT [Signature]	
46. SIGNATURE OF REINTERMENT [Signature]		47. SIGNATURE OF REINTERMENT [Signature]		48. SIGNATURE OF REINTERMENT [Signature]	
49. SIGNATURE OF REINTERMENT [Signature]		50. SIGNATURE OF REINTERMENT [Signature]		51. SIGNATURE OF REINTERMENT [Signature]	
52. SIGNATURE OF REINTERMENT [Signature]		53. SIGNATURE OF REINTERMENT [Signature]		54. SIGNATURE OF REINTERMENT [Signature]	
55. SIGNATURE OF REINTERMENT [Signature]		56. SIGNATURE OF REINTERMENT [Signature]		57. SIGNATURE OF REINTERMENT [Signature]	
58. SIGNATURE OF REINTERMENT [Signature]		59. SIGNATURE OF REINTERMENT [Signature]		60. SIGNATURE OF REINTERMENT [Signature]	
61. SIGNATURE OF REINTERMENT [Signature]		62. SIGNATURE OF REINTERMENT [Signature]		63. SIGNATURE OF REINTERMENT [Signature]	
64. SIGNATURE OF REINTERMENT [Signature]		65. SIGNATURE OF REINTERMENT [Signature]		66. SIGNATURE OF REINTERMENT [Signature]	
67. SIGNATURE OF REINTERMENT [Signature]		68. SIGNATURE OF REINTERMENT [Signature]		69. SIGNATURE OF REINTERMENT [Signature]	
70. SIGNATURE OF REINTERMENT [Signature]		71. SIGNATURE OF REINTERMENT [Signature]		72. SIGNATURE OF REINTERMENT [Signature]	
73. SIGNATURE OF REINTERMENT [Signature]		74. SIGNATURE OF REINTERMENT [Signature]		75. SIGNATURE OF REINTERMENT [Signature]	
76. SIGNATURE OF REINTERMENT [Signature]		77. SIGNATURE OF REINTERMENT [Signature]		78. SIGNATURE OF REINTERMENT [Signature]	
79. SIGNATURE OF REINTERMENT [Signature]		80. SIGNATURE OF REINTERMENT [Signature]		81. SIGNATURE OF REINTERMENT [Signature]	
82. SIGNATURE OF REINTERMENT [Signature]		83. SIGNATURE OF REINTERMENT [Signature]		84. SIGNATURE OF REINTERMENT [Signature]	
85. SIGNATURE OF REINTERMENT [Signature]		86. SIGNATURE OF REINTERMENT [Signature]		87. SIGNATURE OF REINTERMENT [Signature]	
88. SIGNATURE OF REINTERMENT [Signature]		89. SIGNATURE OF REINTERMENT [Signature]		90. SIGNATURE OF REINTERMENT [Signature]	
91. SIGNATURE OF REINTERMENT [Signature]		92. SIGNATURE OF REINTERMENT [Signature]		93. SIGNATURE OF REINTERMENT [Signature]	
94. SIGNATURE OF REINTERMENT [Signature]		95. SIGNATURE OF REINTERMENT [Signature]		96. SIGNATURE OF REINTERMENT [Signature]	
97. SIGNATURE OF REINTERMENT [Signature]		98. SIGNATURE OF REINTERMENT [Signature]		99. SIGNATURE OF REINTERMENT [Signature]	
100. SIGNATURE OF REINTERMENT [Signature]		101. SIGNATURE OF REINTERMENT [Signature]		102. SIGNATURE OF REINTERMENT [Signature]	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

044

CERTIFICATE OF DEATH

00445

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick c. LENGTH OF STAY IN 1b Port Republic d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic d. STREET ADDRESS Port Republic e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Carlene P. Waul First Middle Last		4. DATE OF DEATH January 18, 1960 Month Day Year	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 17, 1959
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Joseph Waul		14. MOTHER'S MAIDEN NAME Edith Mae Stewart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Edith Mae Stewart		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - Malnutrition 493X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from Jan 5, 1960 to Jan 18, 1960 , that I last saw the deceased alive on Jan 18, 1960 , and that death occurred at Port Republic, Md. from the causes and on the date stated above.			
ACTUAL SIGNATURE R. E. Sewell		ADDRESS (Street, city or town, state) Port Republic, Md.	
PHYSICIAN'S NAME (Type) R. E. Sewell		DATE SIGNED 1/18/60	
22a. BURIAL CREMATION, REMOVAL (Specify) 1-20-60	22b. DATE THEREOF 1-20-60	22c. NAME OF CEMETERY OR CREMATORY Bassons	22d. LOCATION (City, town, or county) (State) Port Republic, Md.
23. FUNERAL DIRECTOR'S SIGNATURE R. E. Sewell, Prince Frederick		24a. REC'D BY REGISTRAR JAN 25 '60	
ADDRESS 2064182XV4		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0448 CERTIFICATE OF DEATH

00446

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick c. LENGTH OF STAY IN 1b 6 Days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ormsby Middle Palmer Last Webster		4. DATE OF DEATH Month January Day 16 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 18, 1891 9. AGE (In years last birthday) 68 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY (Partner) Food store	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Noah W. Webster		14. MOTHER'S MAIDEN NAME Rosa White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-32-2098	
17. INFORMANT (Wife)		Address Gladys Webster, Solomons, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Bronchitis + Pneumonia 502.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Bronchitis + Emphysema DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 11 days 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 15, 1960 , to Jan 17, 1960 , that I last saw the deceased alive on Jan 16, 1960 , and that death occurred at 11:50 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Prince Frederick, Md. DATE SIGNED 1/17/60			
ACTUAL SIGNATURE Page C. Jett M.D.		PHYSICIAN'S NAME (Type) PRINCE FREDERICK, MD	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 1/20/60	22c. NAME OF CEMETERY OR CREMATOR St. Peter's Cemetery	22d. LOCATION (City, town, or county) (State) Lusby Md.
23. FUNERAL DIRECTOR'S SIGNATURE A.A. Harkness & Son--		ADDRESS Mutual, Md.	
24a. REC'D BY REGISTRAR JAN 25 '60		24b. REGISTRAR'S SIGNATURE Arthur L. Hanna	

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